Name Mariannette Miller Weeks

Page ___ of _5

SCHEDULE I—EARNED INCOME (INCLUDING HONORARIA)

List the source, type, and amount of earned income, including honoraria, from any source (other than your current employment by the U.S. Government) totaling \$200 or more during the current year to the filing date and, separately, the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

			Amount					
	Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year				
	XYZ Corporation, Houston, Texas	Salary	\$6,300	\$28,450				
	First Bank & Trust, Houston, Texas	Director's Fee	\$400	\$3,200				
Examples:	XYZ Trade Association, Chicago, IL. (Rec'd December 2)	Honorarium		\$1,000				
	Harris County, Texas Public Schools	Spouse Salary	NA NA	NA NA				
Hear	rtland Eye Care - K. I partnership	Salary	301,000	34 927				
	a Medical Society		30w ⁶⁵	80 00				
	umw Regional (Hospital) Health Center	Director's Fee Spokes Salary	82,000°E	73 49				

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

BLOCK D BLOCK A BLOCK B BLOCK C Amount of Income Type of Income Asset and/or Income Source Value of Asset Identify (a) each asset held for investment or at close of reporting period. Indicate type of income earned. For retirement plans or accounts that do production of income with a fair market value not allow you to choose specific investments, If you use a valuation method other Check all columns that apoly. exceeding \$1,000 at the end of the reporting you may write "NA" for income. For all other Check "None" if the asset did not than fair market value, please period, and (b) any other asset or source of assets, indicate the category of income by earn any income during the reporting specify the method used. income which generated more than \$200 in checking the appropriate box below. "unearned" income during the year. For rental If an asset was sold and is included period. Dividends, even if reinvested, should be listed property or land, provide an address. Provide only because it generated income. full names of any mutual funds. For a selfas income. Check "None" if the asset did not the value should be "None." directed IRA (i.e., one where you have the earn any income during a reporting year; do power to select the specific investments), not leave blank. provide information on each asset in the account that exceeds the reporting threshold. and the income earned for the account. For an IRA or retirement plan that is not self-directed. **Current Year Preceding Year** name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not VI VII VIII IX NV VI VII VIII IX m publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless CAPITAL GAINS EXCEPTED/BLIND TRUST there is rental income); any debt owed to you \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Specify: For Example, Partner \$1,000,001 - \$5,000,000 by your spouse, or by your or your spouse's \$50,001 - \$100,000 \$100,001 - \$1,000,000 Other Type of Income child, parent, or sibling; any deposits totaling \$5,001 - \$15,000 \$15,001 - \$50,000 \$2,501 – \$5,000 \$5,001 – \$15,000 \$15,001 – \$50,000 **350,001 - \$100,000** \$5,000 or less in personal savings accounts; - \$2,500 2,501 - \$5,000 any financial interests in or income derived \$1,001 - \$2,500 1201 - \$1,000 from U.S. Government retirement programs. INTEREST If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. SP. SP Mega Corp. Stock Examples: Indefinite Royalties Simon & Schuster JT 1st Bank of Paducah, KY accounts TIAA-CREF Matual Funds Retirement Charles Schwob 401K Prudential O Humas Medical Clinic Share Vanguard Equity Iron

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Mariannette Milker Meeks

Page 3 of 5

	BLOCK A Asset and/or Income Source	BLOCK B Value of Asset							BLOCK C Type of Income					BLOCK D Amount of Income																							
SP,		A	В	CO	E	F	G	H	J	K 8	L						25						rer								re		1.57				
л, DC		None	\$1 - \$1,000	\$1,001 - \$13,000 \$15.001 - \$50.000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	\$1,000,001 - \$2,000,000 \$5,000,001 - \$25,000,00	\$25,000,001 - \$50,000,0	Over \$50,000,000	NO.	DIVIDENDS	FENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRU	Other Type of Income (Specify)	200	\$1-8200	≅ 000'i\$-i02\$		\$5,001 - \$5,000 \$5,001 - \$15,000			8	\$1,000,001 - \$5,000,000 ×			\$1-\$200 	\$1.001 - \$2.500					8	
	Vanguard Health Care IRA			7												X						X							Ī		X						
bc	College Savings Iowa			X								Ī	X						Ī		χ								Ť	1	X	1					
51	Southwest Airlines			(\prod	1					Ī				ĸ			X]								
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<u>51</u>	Southwest Airlines Coherent Inc 10E Manning Otherwood 20 52501			X	v .									Ø		为			K						1				1	c .							
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Page 4_ of _5

SCHEDULE III — LIABILITIES

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000.

18 1 4 5 X			Amount of Liability												
SP, DC, JT	Creditor	Type of Liability	B	515,001— 150,000 CD	50,001 100,000	\$100,001— \$250,000 m	F - 080,000	\$500,0001- C 000,000,18	\$1,000,001— \$5,000,000	\$5,000,001— \$25,000,000 —	25,000,000,000 150,000,000	5ver \$50,000,000			
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main Street, Dover, Del.				X				7					
5 7	Bush of America Wilmington Dolowers	Credit coods		X											
5 T	CitiCards Des Moines Int	credit cards		X					14.4						
					tai 2.										

SCHEDULE IV — POSITIONS

Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization

				r Me	

Page <u>5</u> of <u>5</u>

SCHEDULE V-AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement								
9/4/03	Heartland Bye Care	Resigns from practice if elected, last working day Dec 31, mg								

SCHEDULE VI-COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the *two* prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000. **Exclude:** Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule I.

Example:	Source (Name and Address) Doe Jones & Smith, Hometown, Homestate	Brief Description of Dutles							
		Accounting services							
-> Onc	Medical Society	Board of Directors - Diesident 2006-2007							
		면 선물을 하고 있다. 사람들이 있는 것이 되었다. 그렇게 하는 것이 되었다는 것이 되었다는 것이 되었다. 사람들이 되었다면 하는 것이 되었다면 하는 것이 되었다면 하는 것이 되었다면 하는 것이 되었다.							
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		- 프랑크리아, 본격, 하고 보이고 말했다고 보고 있는 것이 되어 되었다고 말했다. 그리고 말았다. 							